

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Palma Nova (DDDH)	CHAPTER 89
Address: 91-1276 Hoopio Street, Ewa Beach, Hawaii 96706	Inspection Date: December 21, 2020 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-89-14 Resident health and safety standards. (e)(12) Medications:</p> <p>All medications and supplements, such as vitamins, minerals, and formulas, shall have written physician's orders and shall be labeled according to pharmaceutical practices for prescribed items. When taken by the resident, the date, time, name of drug, and dosage shall be recorded on the resident's medication record and initialed by the certified caregiver.</p> <p>FINDINGS Resident #1- Discontinuation order for "Doxycycline 100mg tab take 1 tab PO q 12 hours x 7 days" not available for review.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Deficiency was corrected on Dec. 22, 2020 by calling the guardian, Maria Sunderson where the doctor's notes at the Queen's West East was. He stated it was a verbal order on that day and when he was given the medication Doxycycline 100 mg. T PO. She vomited and one hour later the ER Doctor decided to discontinue for reason of "Allergy" to the medication. He was not given the written notes. It was verbal.</p>	Dec. 22, 2020

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Licensee's/Administrator's Signature: Marilyn Llanos

Print Name: MARILYN LLANOS

Date: May 6, 2021